

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

187
242

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Midland City St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Allen Duane Odum { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Dec 25, 1930 Month Day Year

8. FATHER
Full name William W. Odum

9. Residence (Usual place of abode) Midland City
If non-resident, give place and state. Arizona

10. Color or race White 11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Whitesville
(State or country) Georgia

13. Occupation Carpenter
Nature of industry

14. MOTHER
Full maiden name Madge Mathews

15. Residence (Usual place of abode) Midland City
If non-resident, give place and state. Arizona

16. Color or race White 17. Age at last birthday 27 (Years)

18. Birthplace (city or place) D'Lo
(State or country) Mississippi

19. Occupation Housewife
Nature of industry

20. Number of children of this mother. 4 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:17 P. m. on the date above stated
(Born alive or stillborn)

Signature Herman C. Bodemer Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____ Filed 1/6, 1931 S. E. Wightman Registrar

164-1225-442